

CLAIMS AS FILED - PART I

10/653,222 OTHER THAN SMALL ENTITY

| FOR | (Column 1) | (Column 2) |
|--|------------|--------------|
| BASIC FEE (37 CFR 1.101) | NUMBER FEE | NUMBER EXTRA |
| TOTAL CLAIMS (37 CFR 1.101) | | |
| INDEPENDENT CLAIMS (37 CFR 1.101) | minus 20 * | |
| MULTIPLE DEPENDENT CLAIMS (37 CFR 1.101) | minus 3 * | |

| SMALL ENTITY | |
|--------------|--------|
| RATE | FEE |
| | 1..... |
| x 1..... | |
| x 1..... | |
| x 1..... | |
| TOTAL | |

| OTHER THAN SMALL ENTITY | |
|-------------------------|--------|
| RATE | FEE |
| | 1..... |
| x 1..... | |
| x 1..... | |
| x 1..... | |
| TOTAL | |

* If the difference in column 1 is less than zero, enter '0' in column 2

CLAIMS AS AMENDED - PART II

3/6/06

| AMENDMENT A | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total (37 CFR 1.101) | 36 | 46 | — |
| Independent (37 CFR 1.101) | 8 | 12 | — |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.101) | | | |

| SMALL ENTITY | |
|-----------------|----------------|
| RATE | ADDITIONAL FEE |
| x 25 | |
| x 100 | |
| x 1..... | |
| TOTAL ADD'L FEE | |

| OTHER THAN SMALL ENTITY | |
|-------------------------|----------------|
| RATE | ADDITIONAL FEE |
| x 50 | |
| x 200 | |
| x 1..... | |
| TOTAL ADD'L FEE | |

| AMENDMENT B | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total (37 CFR 1.101) | | Minus | |
| Independent (37 CFR 1.101) | | Minus | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.101) | | | |

| SMALL ENTITY | |
|-----------------|----------------|
| RATE | ADDITIONAL FEE |
| x 1..... | |
| x 1..... | |
| x 1..... | |
| TOTAL ADD'L FEE | |

| OTHER THAN SMALL ENTITY | |
|-------------------------|----------------|
| RATE | ADDITIONAL FEE |
| x 1..... | |
| x 1..... | |
| x 1..... | |
| TOTAL ADD'L FEE | |

| AMENDMENT C | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total (37 CFR 1.101) | | Minus | |
| Independent (37 CFR 1.101) | | Minus | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.101) | | | |

| SMALL ENTITY | |
|-----------------|----------------|
| RATE | ADDITIONAL FEE |
| x 1..... | |
| x 1..... | |
| x 1..... | |
| TOTAL ADD'L FEE | |

| OTHER THAN SMALL ENTITY | |
|-------------------------|----------------|
| RATE | ADDITIONAL FEE |
| x 1..... | |
| x 1..... | |
| x 1..... | |
| TOTAL ADD'L FEE | |

* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.
 ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20'.
 *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3'.

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.14. The information is required to obtain or retain a benefit by the patent which is to be (and by the USPTO in process) an application. Confidentiality is required by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Buy, send as follows - completing the form, call 1-800-PTO-8188 and select option 1.